

**The Kentucky Foster Care Census:  
Measuring Child Well-Being in the Child Welfare System**

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**Summary of Dissertation Results  
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**ABSTRACT**

The three goals of the Adoption and Safe Families Act, passed in 1997 containing mandates for public child welfare agencies, are safety, permanency, and improving the well-being of children and families. This is the first time that well-being has been made a specific goal. There has been a lack of focus on the well-being of children in the child welfare system. Altshuler and Gleeson (1999) described the foci on safety and permanency, to the exclusion of well-being, as a triangle that can only be completed when well-being becomes a focus of child welfare services.

Kentucky utilized a census approach to measure the well-being of the children in the foster care system, in order to gather data on the well-being of these children in foster care, while verifying the placement of each child, in order to do a self-assessment of service delivery and to guide the development of policy (Huebner et al., 2002a).

The purpose of this study was to analyze the results of the census. CHAID analysis (Kass, 1980) was utilized to partition the data into mutually exclusive, exhaustive subsets to best describe the well-being of the children in the census. The results showed that as number of months in care increased, so did the number of

diagnosed medical needs and physical disabilities. Having an Individualized Education Plan was the most significant predictor of need in the cognitive areas of education and developmental disability. Age was the most significant predictor of having an identified emotional need, with children ages 5 to 12 having the highest percentage of need in the sample. Boys had more emotional and developmental disability problems than did the girls in the sample.

Region was the most significant predictor regarding the adequacy of the resources received in each domain. Urban and rural regions had mixed results, indicating that even though urban areas may have more resources, foster children may not have access to them. Children receiving inadequate resources had fewer visits with their DCBS workers, especially related to medical and physical disability resources. As number of months in care increased, the adequacy of the resources received increased.

The results of the census, overall, showed that there were low percentages of identified or diagnosed needs and that most of the children in the sample had access to needed resources. The children were being visited fairly frequently by their DCBS workers, receiving educational advocacy, having regular visits to the doctor and dentist, and their needs were being tracked as they continued to be in the system. Implications for child welfare practice, research, and policy are discussed, as well as suggestions for future research.

### Summary Tables

*Table 1*

#### Adequacy of Resources by Region

Domain of Resources	Regions with High % of Adequate Resources/ % of Adequacy	Regions with Middle % of Adequate Resources/% of Adequacy	Regions with Low % of Adequate Resources/% of Adequacy
<b>MEDICAL</b>	Northern Kentucky FIVCO 95% adequate	Pennyrile Lake Cumberland Gateway Buffalo Trace Lincoln Trail Fayette 82% adequate	Barren River Green River Jefferson 69% adequate
	Purchase KIPDA Rural Big Sandy 91% adequate	Bluegrass Rural Kentucky River 75% adequate	Cumberland Valley 59% adequate
<b>EMOTIONAL</b>	FIVCO 97% adequate	Gateway Buffalo Trace KIPDA Rural Fayette 83% adequate	Barren River Jefferson 72% adequate
	Purchase Pennyrile Northern Kentucky Big Sandy 90% adequate	Lake Cumberland Bluegrass Rural Kentucky River Lincoln Trail 77% adequate	Cumberland Valley Green River 65% adequate

<b>EDUCATIONAL</b>	FIVCO 98% adequate	Lake Cumberland Gateway Buffalo Trace Lincoln Trail KIPDA Rural Fayette 84% adequate	Cumberland Valley Green River 67% adequate
	Purchase Pennyrite Northern Kentucky Big Sandy 92% adequate	Barren River Bluegrass Rural Kentucky River Jefferson 75% adequate	
<b>PHYSICAL DISABILITY</b>	FIVCO 96% adequate	Lake Cumberland Bluegrass Rural Lincoln Trail 70% adequate	Barren River Kentucky River Green River Jefferson 62% adequate
	Purchase Pennyrite Northern Kentucky 85% adequate	Gateway Buffalo Trace KIPDA Rural Fayette Big Sandy 76% adequate	Cumberland Valley 52% adequate
<b>DEVELOPMENTAL DISABILITY</b>	FIVCO 98% adequate	Pennyrite Purchase Northern Kentucky KIPDA Rural Big Sandy 88% adequate	Barren River Cumberland Valley Kentucky River Green River Jefferson 63% adequate
		Lake Cumberland Bluegrass Rural Gateway Buffalo Trace Lincoln Trail Fayette 77% adequate	

**Table 2****Percentage of Yes Responses to Adequacy of Resources by Region and Domain**

	Region	Medical	Ranking	Emotional	Ranking	Educational	Ranking	Physical Disability	Ranking	Developmental Disability	Ranking	Final Ranking
1	Barren River	69%	14	72%	13.5	75%	12.5	62%	14	63%	14	14
2	Big Sandy	91%	4	90%	3.5	92%	3.5	76%	6.5	88%	4	4
3	Bluegrass Rural	75%	11.5	77%	10	75%	12.5	70%	10	77%	9	11
4	Cumberland Valley	59%	16	65%	15.5	67%	15.5	52%	16	63%	4	16
5	Fayette*	82%	8	83%	6.5	84%	8	76%	6.5	77%	9	7.5
6	FIVCO	95%	1.5	97%	1	98%	1	96%	1	98%	1	1
7	Gateway Buffalo Trace	82%	8	83%	6.5	84%	8	76%	6.5	77%	9	7.5
8	Green River	69%	14	65%	15.5	67%	15.5	62%	14	63%	14	15
9	Jefferson*	69%	14	72%	13.5	75%	12.5	63%	12	63%	14	13
10	Kentucky River	75%	11.5	77%	10	75%	12.5	62%	14	63%	14	12
11	KIPDA Rural	91%	4	77%	10	84%	8	76%	6.5	88%	4	6
12	Lake Cumberland	82%	8	77%	10	84%	8	70%	10	77%	9	9.5
13	Lincoln Trail	82%	8	77%	10	84%	8	70%	10	77%	9	9.5
14	Northern Kentucky*	95%	1.5	90%	3.5	92%	3.5	85%	3	88%	4	2
15	Pennyrile	82%	8	90%	3.5	92%	3.5	85%	3	88%	4	5
16	Purchase	91%	4	90%	3.5	92%	3.5	85%	3	88%	4	3

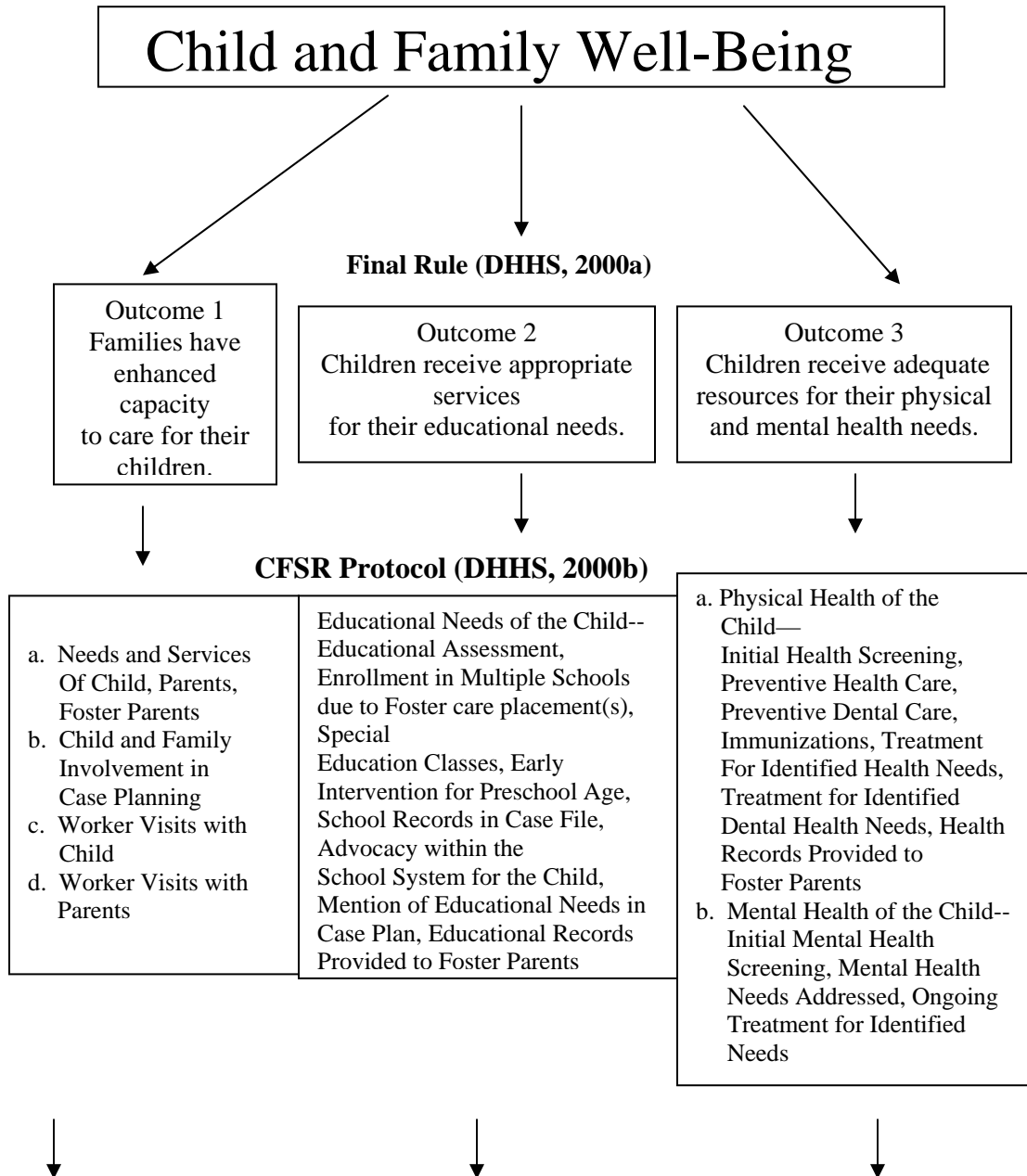
\* Region defined as urban

**Table 3*****Dependent Variables by Independent Variable Predictors***

<b>Dependent Variable</b>	<b>First Level Predictor (Independent Variable)</b>
Diagnosed Medical Need	Number of Months in Care $X_2 (2, n = 2812) = 38.13,$ $p < .001$
Adequacy of Medical Resources/Needs Met	Region $X_2 (5, n = 2793) = 186.76,$ $p < .001$
Identified Emotional Need	Age $X_2 (6, n = 2797) = 419.91,$ $p < .001$
Adequacy of Emotional Resources/Needs Met	Region $X_2 (5, n = 2959) = 134.85,$ $p < .001$
Identified Educational Needs	Individualized Educational Plan $X_2 (1, n = 2793) = 849.78,$ $p < .001$
Adequacy of Educational Resources/Needs Met	Region $X_2 (1, n = 2756) = 137.53,$ $p < .001$
Diagnosed Physical Disability	Number of Months in Care $X_2 (2, n = 2802) = 29.47,$ $p < .001$
Adequacy of the Physical Disability Resources/Needs Met	Region $X_2 (5, n = 2794) = 153.85,$ $p < .001$
Diagnosed Developmental Disability	Individualized Educational Plan $X_2 (2, n = 2797) = 348.80,$ $p < .001$
Adequacy of Developmental Disability Resources/Needs Met	Region $X_2 (3, n = 2772) = 161.08,$ $p < .001$
Child's Involvement in Case Decision-Making	Age $X_2 (7, n = 2850) = 1629.26,$ $p < .001$

**Alignment of Well-Being Goal with Outcomes,  
Child and Family Services Review Protocol, and the  
Kentucky Foster Care Census**

**Adoption and Safe Families Act of 1997 (PL 105-89)**



**Appendix A**  
**Alignment of Well-Being Goal with Outcomes,**  
**Child and Family Services Review Protocol, and the**  
**Kentucky Foster Care Census**

**Items Capturing these Data in the**  
**Kentucky Foster Care Census**  
**(Huebner et al., 2002)**

#4 time spent in current placement #8 number of prior placements #13 length since last biological parent visit #14 reason for no visits (if applicable) #15 is child part of sibling group #16 placed with one or more siblings #17 other siblings placed elsewhere #18 length of time since last sibling visit #29 length since last DCBS visit with child #30 number of DCBS visits in last six months #31 satisfaction of visits with DCBS social worker #32 child's involvement in own case decision-making #33 importance of child visiting with biological parents	#9 child enrolled in school #10 does child have Individual Education Plan (IEP) #11 who attends school meetings for child #12 who signs school documents for the child #23 identified educational need(s) #24 receiving adequate help for these needs	#6 time since last physical #7 time since last dentist visit #19 diagnosed medical need(s) #20 receiving adequate help for these needs #21 identified emotional needs(s) #22 receiving adequate help for emotional needs #25 diagnosed physical disability #26 receiving adequate therapy #27 diagnosed developmental disability #28 receiving adequate support for this need
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